



IDAHO DEPARTMENT OF HEALTH & WELFARE

COPY

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

August 10, 2007

Deanna Baird, Administrator
Integricare of Eastern Idaho
P.O. Box 3881
Idaho Falls, Idaho 83403

Dear Ms. Baird:

This is to advise you of the findings of the Medicare survey at Integricare of Eastern Idaho which was concluded on July 12, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by August 23, 2007, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

Handwritten signature of Rae Jean McPhillips in cursive script, followed by the initials "SC".

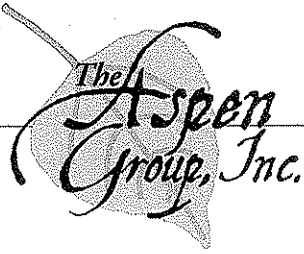
RAE JEAN MCPHILLIPS
Health Facility Surveyor
Non-Long Term Care

Handwritten signature of Sylvia Creswell in cursive script.

SYLVIA CRESWELL
Supervisor
Non-Long Term Care

SC/mlw

Enclosures



IntegriCare of Eastern Idaho

3470 Washington Parkway
Idaho Falls, Idaho 83404

RECEIVED

AUG 23 2007

Via Federal Express tracking No: 9268 9487 8319

FACILITY STANDARDS

August 21, 2007

Sylvia Creswell, Supervisor
Non-Long Term Care
Idaho Department of Health and Welfare
Bureau of Facility Standards
3232 Elder Street
Boise, ID 83705

Re: Credible Allegations – IntegriCare of Eastern Idaho
Medicare Provider No.13-7048

Dear Sylvia:

Enclosed you will find our Credible Allegations in response to the survey conducted July 12, 2007.

Please extend again to Mrs. McPhillips RN and her team our thanks for the professional and thoughtful manner in which the survey was conducted.

If there is any other information I can provide just let me know.

Best Regards:

Robert Collette
President

/s
enclosure (2)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/18/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2007
NAME OF PROVIDER OR SUPPLIER INTEGRICARE OF EASTERN IDAHO			STREET ADDRESS, CITY, STATE, ZIP CODE 3470 WASHINGTON PKWY IDAHO FALLS, ID 83404	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the Medicare recertification of your agency. Surveyors conducting the review were:</p> <p>Rae Jean McPhillips, RN, HFS, Team Leader Gary Guiles, RN, HFS Patrick Hendrickson, RN, HFS</p> <p>Acronyms used in this report:</p> <p>COTA = Certified Occupational Therapy Assistant IM = Intramuscular OT = Occupational Therapy POC = Plan of Care SOC = Start of Care SN = Skilled Nursing</p>	G 000	<p>Please refer to the attached Appendix I for all plans of correction.</p>	
G 141	<p>484.14(e) PERSONNEL POLICIES</p> <p>Personnel practices and patient care are supported by appropriate, written personnel policies.</p> <p>Personnel records include qualifications and licensure that are kept current.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and review of clinical records and agency policies, it was determined the agency failed to ensure personnel practices and patient care related to OT services were supported by appropriate, written personnel policies. This omission resulted in the lack of OT services provided to 2 of 8 sampled patients (#s 5 and 9) who had received OT services. The findings include:</p>	G 141	<p>RECEIVED</p> <p>AUG 23 2007</p> <p>FACILITY STANDARDS</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 141	<p>Continued From page 1</p> <p>1. Two patients (#s 9 and 5) did not have documentation that OT services were provided by a therapist. Examples include:</p> <p>* Patient #9 was a 16 year old male with a diagnosis of Muscular Dystrophy who began home health care on 8/11/05 and was a current patient as of 7/11/07. All OT visits documented between 1/22/07 and 7/9/07 were made by a COTA. No visits were documented as made by an Occupational Therapist. The Occupational Therapist, interviewed on 7/11/07 at 2:10 PM, stated he made visits at times with the COTA to observe her but said he did not write notes. He said he countersigned the COTA's notes. He also stated he did not see the patient face to face prior to conducting the 60 day summaries or updating the POC.</p> <p>* Patient #5 was a 3 year old female with a diagnosis of seizures, who began home health care on 12/18/06 and was a current patient as of 7/11/07. All OT visits documented between 1/4/07 and 7/11/07 were made by a COTA. No visits were documented as made by an Occupational Therapist. This was confirmed by the Director of Clinical Services on 7/11/07 at 3:30 PM.</p> <p>2. A policy defining OT services was not present in the policy manual. The Director of Clinical Services was interviewed on 7/11/07 at 3:30 PM. She stated no policy was in place which defined how often the Occupational Therapist needed to actually visit patients in order to assess their needs and update their POCs. Also, no policy was in place which described how therapists were to supervise therapy assistants.</p>	G 141	<p>Please refer to the attached Appendix I for all plans of correction.</p>		

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G 159	<p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and review of clinical records and agency policies, it was determined that POCs did not cover pertinent diagnoses of psychiatric disorders, for 3 of 4 sampled patients (#12, 16 and 17) who were being seen by nursing staff for psychiatric medication management. Further, it was determined the agency failed to ensure that a POC included pertinent medical diagnosis for 1 of 4 sampled patients (#16) whose records were reviewed with psychiatric diagnoses. The findings include:</p> <p>1. POCs did not include an assessment of potential side effects or desired results of anti-psychotic medications for 3 of 4 sampled patients (#s 12, 16, and 17) with psychiatric diagnoses. Examples include:</p> <p>*Patient #12 was a 43 year old male whose SOC was 12/11/06. He was a current home health patient as of 7/12/07. His diagnosis was schizophrenia. The record contained orders from the patient's physician to administer Prolixin (an anti-psychotic) 1.5 ml IM every other week. The patient's POCs, dated from 12/11/06 through</p>	G 159	<p>Please refer to the attached Appendix I for all plans of correction.</p>		

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G 159	<p>Continued From page 3</p> <p>6/8/07, did not direct nursing to assess and report to the prescriber any adverse reactions from the medication such as tardive dyskinesia. Further, the POC did not prompt the nurse to assess for the desired results of the medication administration such as the reduction of psychotic signs and symptoms.</p> <p>*Patient #16 was a 56 year old female whose start of care date was 6/7/06. Her diagnosis included schizophrenia. She was seen by an agency nurse every other week. The current POC, dated 6/7/06, stated the nurse was to "assist the patient with medication management ... SN to assess patient for medication compliance...Instruct caregivers on need for medications and compliance." Prior POCs were essentially the same. The POC did not direct staff to conduct an assessment of the patient's psychiatric condition, i.e. hearing voices, nor did it direct staff to assess the patient for side effects of the medications, i.e. tardive dyskinesia. Nursing notes, from 3/7/07 through 6/27/07, did not document assessment of the patient's psychiatric disorder, medication compliance or possible side effects.</p> <p>In addition, the POC did not all address pertinent medical diagnoses for patient #16. Her diagnoses included chronic kidney disease. The current POC, dated 6/7/06, listed chronic kidney disease as the primary diagnosis, but the POC did not address this diagnosis. Nursing notes from 3/7/07 through 6/27/07 did not address the kidney disease diagnosis except to check "incontinence" or "No problems identified".</p> <p>*Patient #17 was a 21 year old male whose SOC was 2/9/07. He was a current home health</p>	G 159	<p>Please refer to the attached Appendix I for all plans of correction.</p>		

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G 159	Continued From page 4 patient as of 7/12/07. His diagnosis was psychosis. The record contained orders from the patient's physician to administer Risperdal Consta (an anti-psychotic) 50 mg IM every other week. The patient's POCs, dated from 2/9/07 through 6/8/07, did not direct nursing to assess and report to the prescriber any adverse reactions from the medication such as tardive dyskinesia. Further, the POC did not prompt the nurse to assess for the desired results of the medication administration such as the reduction of psychotic signs and symptoms. On 7/11/07 at 2:45 p.m., the Director Of Nursing at the Blackfoot office stated, because they did not employ a psychiatric nurse, they were unable to do an assessment of the patients who were getting IM psychiatric medications. She further stated that, "our orders are to give IM injections and so that is what we do."	G 159	Please refer to the attached Appendix I for all plans of correction.		
G 163	484.18(b) PERIODIC REVIEW OF PLAN OF CARE The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the same 60 day episode or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the 60 day episode. This STANDARD is not met as evidenced by:	G 163			

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G 163	<p>Continued From page 5</p> <p>Based on clinical record review and staff interview it was determined that the home health agency failed to ensure that the POCs for 6 of 18 patients (#s 6, 10, 13, 14, 17 and 18) were reviewed and authorized by the patients' physicians in a timely manner. The findings include:</p> <p>POCs for 6 of 18 patients (#s 6, 10, 13, 14, 17 and 18) did not contain physician approval of the plan in a timely manner. Examples include:</p> <p>*Patient #6 was a 4 year old male whose SOC was 9/6/06. He was admitted to home health services with a diagnosis of Autism. He was currently a patient as of 7/11/07. His record contained a POC for the certification period of 5/4/07 through 7/2/07. The physician did not authorize the POC until 6/12/07. The POC was received at the agency on 6/14/07, 41 days after the POC was developed.</p> <p>*Patient #10 was a 43 year old female whose SOC was 5/25/07. She was admitted to home health services with a diagnosis of a postoperative infection. She was currently a patient as of 7/11/07. Her record contained a POC for the certification period of 5/25/07 through 7/23/07. The physician did not authorize the POC until 6/26/07. The POC was received at the agency on 6/28/07, 34 days after the POC was developed.</p> <p>*Patient #13 was a 4 year old male whose SOC was 9/8/06. He was admitted to home health services with a diagnosis of mixed development disorder. He was currently a patient as of 7/11/07. His record contained a POC for the certification period of 5/6/07 to 7/4/07. The physician did not authorize the POC until 6/25/07,</p>	G 163	<p>Please refer to the attached Appendix I for all plans of correction.</p>		

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G 163	<p>Continued From page 6</p> <p>51 days after the POC was developed.</p> <p>*Patient #14 was a 5 year old male whose SOC was 11/28/07. He was admitted to home health services with a diagnosis of child psychosis. He was currently a patient as of 7/11/07. His record contained a POC for the certification period of 5/27/07 through 7/25/07. The physician did not authorize the POC until 7/2/07. The POC was received at the agency on 7/3/07, 37 days after the POC was developed.</p> <p>*Patient #17 was a 21 year old male whose SOC was 2/9/07. He was admitted to home health services with a diagnosis of psychosis NOS. He was currently a patient as of 7/11/07. His record contained a POC for the certification period of 6/9/07 through 8/7/07. The physician had not authorized the POC as of 7/12/07.</p> <p>*Patient #18 was a 76 year old male whose SOC was 3/13/07. He was currently a patient as of 7/11/07. His diagnoses included malignant melanoma and cardiomyopathy. The patient's record contained a POC for the certification period of 5/12/07 through 7/10/07. The physician did not authorize the POC until 6/15/07. The POC was received at the agency on 6/18/07, 37 days after the POC was developed.</p> <p>The Director of Clinical Services confirmed, on 7/11/07 at 1:30 PM, that there was often a delay in receiving the physician authorized POC. Additionally, she stated they did not have a written policy on when to mail additional copies of the POC to physicians, when to contact physicians, or what to do if the physician failed to return the POC in a timely manner.</p>	G 163	<p>Please refer to the attached Appendix I for all plans of correction.</p>		

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G 163	Continued From page 7 By not ensuring that the patients' physicians reviewed and authorized the plans of care in a timely manner, the home health agency could not guarantee they were providing the patients' medical care as directed by a physician.	G 163	Please refer to the attached Appendix I for all plans of correction.		

IntegriCare of Eastern Idaho
Medicare Provider # 13-7048
State License Number HH-117
July 12, 2007 Survey
HCFA-Identified Deficiencies Credible Allegation

Appendix I

HCFA-Identified Deficiencies Credible Allegation

ID Prefix Tag	Provider's Plan of Correction	Responsible Individual	Monitoring Frequency	Date Corrected/ will be Corrected
G141	All OT staff will be re inserviced regarding provision of oversight visits for COTAs. OTs will be reminded of the Medicare requirement of providing an oversight visit at least one of every 5 visits made to a patient.	Deanna Baird RN Linda Orchard RN Kathy Huntsman RN	N/A	08/21/07
	The clinical directors will review visits and oversight compliance with all OTs monthly, for a period of six months.	Deanna Baird RN Linda Orchard RN Kathy Huntsman RN	Monthly	08/21/07
	A policy will be written to outline oversight visit guidelines.	Robert Collette	N/A	09/01/07
G159	All clinical staff will be re inserviced regarding the need to assess patients for potential medication side effects on a regular basis, and the need to involve a pharmacist when there are multiple medications that require a more thorough review of interaction issues.	Deanna Baird RN Linda Orchard RN Kathy Huntsman RN	N/A	07/19/07
	All clinical staff will receive an inservice on the special medications and needs of psychiatric patients, including medication side effects and adverse drug reactions	Deanna Baird RN Linda Orchard RN Kathy Huntsman RN	N/A	08/23/07
G163	A policy will be written to reflect the agency's process for plan of care review and submission to physicians for signature. The policy will also address the steps taken to ensure all plans of care are returned in a timely manner from the physicians.	Robert Collette	N/A	09/01/07

Bureau of Facility Standards

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N 086	03.07023. POL. & PROC. MAN. N086 02. Contents. The manual will, at a minimum, include policies and procedures effecting the: h. Personnel qualifications, responsibilities, and job descriptions; This Rule is not met as evidenced by: Refer to G141	N 086	Please refer to the attached Appendix II for all plans of correction.	
N 153	03.07030. PLAN OF CARE N153 01. Written Plan of Care. A written plan of care shall be developed and implemented for each patient by all disciplines providing services for that patient. Care follows the written plan of care and includes: a. All pertinent diagnoses; This Rule is not met as evidenced by: Refer to G159	N 153		
N 154	03.07030. PLAN OF CARE N154 01. Written Plan of Care. A written plan of care shall be developed and implemented for each patient by all disciplines providing services for that patient. Care follows the written plan of care and includes: b. The patient's mental status;	N 154		

RECEIVED
AUG 23 2007
FACILITY STANDARDS

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

UBOV11

If continuation sheet 1 of 2

Bureau of Facility Standards

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N 154	Continued From page 1 This Rule is not met as evidenced by: Refer to G159	N 154	Please refer to the attached Appendix II for all plans of correction.	

IntegriCare of Eastern Idaho
Medicare Provider # 13-7048
State License Number HH-117
July 12, 2007 Survey
State-Identified Deficiencies Credible Allegation

Appendix II

IntegriCare of Eastern Idaho
Medicare Provider # 13-7048
State License Number HH-117
July 12, 2007 Survey
State-Identified Deficiencies Credible Allegation

ID Prefix Tag	Provider's Plan of Correction	Responsible Individual	Monitoring Frequency	Date Corrected/ will be Corrected
N086	Please see response to Federal ID G141	N/A	N/A	N/A
N153	Please see response to Federal ID G159	N/A	N/A	N/A
N154	Please see response to Federal ID G159	N/A	N/A	N/A